

**Form Number 2**

STATE OF INDIANA ) IN THE WARRICK SUPERIOR COURT NO. 1  
 ) SS:  
COUNTY OF WARRICK ) CASE NO. \_\_\_\_\_

\_\_\_\_\_  
Petitioner,

V.

\_\_\_\_\_  
Respondent.

**VERIFIED MOTION FOR CONTINUANCE**

Comes now \_\_\_\_\_, and states the following:

1. This matter is scheduled for hearing on \_\_\_\_\_;
2. I need additional time because \_\_\_\_\_  
\_\_\_\_\_;
3. I request a continuance for \_\_\_\_\_.
4. I contacted \_\_\_\_\_ on \_\_\_\_\_, and they \_\_\_\_\_ to my continuance request.

WHEREFORE, I respectfully request a continuance of this hearing, and for all other just and proper relief.  
I affirm under the penalties of perjury that the foregoing representations are true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
Town, State and Zip Code

\_\_\_\_\_  
Telephone number, with area code

**CERTIFICATE OF SERVICE**

I hereby certify that I sent a copy of this Petition by first class mail to the opposing attorney, or the opposing party if the opposing party is not represented by an attorney, on \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print your name